

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY PATRIOTS CITIZENS FUND		FEC IDENTIFICATION NUMBER ▼ C C00540898
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee TPPCF STAFF [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 2295 TOWNE LAKE PKWY. STE. 116-328		Amount 500.00	
City WOODSTOCK	State GA	Zip Code 30189	Transaction ID : SE.259928
Purpose of Expenditure SCRIPT WRITING	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014	
Name of Federal Candidate SAMUEL CLOVIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 57060.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee TPPCF STAFF [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 15 / 2014	
Mailing Address 2295 TOWNE LAKE PKWY. STE. 116-328		Amount 6187.50	
City WOODSTOCK	State GA	Zip Code 30189	Transaction ID : SE.255682
Purpose of Expenditure WEB DEVELOPMENT	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 15 / 2014	
Name of Federal Candidate THAD COCHRAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 25288.44		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MR. PAULA KILGORE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
06 / 20 / 2014